SERFF Tracking #: OHIN-132851650 State Tracking #: ACA QHP Company Tracking #:

State: Arkansas Filing Company: Oscar Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Oscar AR 2022 Individual Rate Filing

Project Name/Number: /

Filing at a Glance

Company: Oscar Insurance Company

Product Name: Oscar AR 2022 Individual Rate Filing

State: Arkansas

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Filing Type: Rate

Date Submitted: 06/18/2021

SERFF Tr Num: OHIN-132851650
SERFF Status: Pending State Action

State Tr Num: ACA QHP
State Status: Under Review

Co Tr Num:

Effective 01/01/2022

Date Requested:

Author(s): Jessica Saulo, Jacob Dority, Devan Amabile, David Brandler, Tim Cabral, Nicole Rochman

Reviewer(s): Donna Lambert (primary), David Dillon

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Oscar Insurance	e Company
SERFF tracking number	OHIN-13285165	0
Submission Date	6/18/2021	
Product Name	Oscar Individual	PPO
Market Type	Individual	O Small Group
Rate Filing Type	Rate Increase	New Filing

Scope and Range of the Increase:

The N/A % increase is requested because:

Oscar is a newly licensed health plan in Arkansas, entering the individual market for the first time in 2022. As such, the 2022 proposed premium rates do not reflect a rate change over a prior set of rates.

This filing will impact:

of Arkansas policyholder's 0 # of Arkansas covered lives 0

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved N/A %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one
 policy holder would experience if the filing is approved N/A %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved N/A %

Individuals within the group may vary from the aggregate of the above increase components as a result of: N/A

Financial Experience of Product

The overall financial experience of the product includes:

N/A

The rate increase will affect the projected financial experience of the product by: N/A

Components of Increase

The request is made up of the following components:

Trend Increases - N/A % of the N/A % total filed increase

 Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is N/A % of the N/A % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is N/A % of the N/A % total filed increase.

Other Increases – N/A % of the N/A % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is N/A % of the N/A % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is N/A % of the N/A % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is N/A % of the N/A % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is N/A % of the N/A % total filed increase.

5. Other - Defined as:

N/A

This component is N/A % of the N/A % total filed increase.



Part III Actuarial Memorandum (REDACTED)

Oscar Insurance Company
Arkansas Individual On- and Off-Exchange Plans
2022 Premium Rates

Prepared for:
Oscar Insurance Company

Prepared by: Lidia Asparouhova, FSA, MAAA Milliman, Inc., New York 463 7th Avenue 19th Floor New York, NY 10018 USA

milliman.com

TABLE OF CONTENTS

ATTACHMENTS	3
GENERAL INFORMATION	4
PROPOSED RATE CHANGES (REDACTED)	(
EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT	7
BENEFIT CATEGORIES	7
PROJECTION FACTORS (REDACTED)	8
MANUAL RATE ADJUSTMENTS (REDACTED)	9
CREDIBILITY OF EXPERIENCE	10
ESTABLISHING THE INDEX RATE	10
DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE (REDACTED)	1
PLAN ADJUSTED INDEX RATES (REDACTED)	12
CALIBRATION (REDACTED)	13
CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT (REDACTED)	14
PROJECTED LOSS RATIO	18
AV METAL VALUES	18
MEMBERSHIP PROJECTIONS (REDACTED)	17
TERMINATED PRODUCTS	18
PLAN TYPE	18
EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL) (REDACTED)	19
DATA RELIANCE AND CAVEATS	20
ACTUARIAL CERTIFICATION	2

ATTACHMENTS

Attachment A (REDACTED)

Attachment B Printouts of AV Calculator Screenshots

Attachment C (REDACTED)

Attachment D (REDACTED)

GENERAL INFORMATION

DOCUMENT OVERVIEW

The document contains the Part III Actuarial Memorandum for Oscar Insurance Company's (Oscar) individual block of business, effective January 1, 2022. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which support compliance with the market rating rules and reasonableness of applicable rates. This information may not be appropriate for other purposes.

This information is intended for use by the Arkansas Insurance Department (AID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Oscar's individual rate filing. However, I recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum prepared for Oscar by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

As prescribed by the AID, the premium rates developed and supported by this Actuarial Memorandum assume that Cost Sharing Reduction (CSR) subsidies will not be funded (for members above 138% of the federal poverty level) and will be calculated as described in current regulations and guidance. Subsidies will be funded for Arkansas Health and Opportunity for Me (ARHOME) members at or below 138% of the federal poverty level. Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments may affect the extent to which the premium rates are neither excessive nor deficient.

At the time of this rate filing submission, we acknowledge there is still substantial uncertainty regarding the impact of the COVID-19 pandemic on setting premium rates, including whether the pandemic will increase or decrease costs in 2022 and how soon the recently approved vaccines will impact future experience. In response to this uncertainty, we have incorporated various premium rate adjustments to reflect the estimated financial impact of the pandemic. These adjustments were developed by Oscar and premised on assumptions of the spread of the disease, including assumptions as to how many people are infected in a population, how severe those infections are across the population, and others.

Scientific knowledge of these items is incomplete and new data on the spread of COVID-19 in the United States is still emerging. In addition, actions taken by governmental authorities and the healthcare system related to the COVID-19 pandemic are rapidly changing. Consequently, the estimated adjustments will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. Due to the limited information available on the pandemic, any analysis is subject to a substantially greater than usual level of uncertainty. If subsequent information becomes available that would materially affect this rate filing submission, we would like to work with the AID to update our pricing assumptions regarding the impact of COVID-19 and resubmit this rate filing.

Future regulatory changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

COMPANY IDENTIFYING INFORMATION

Company legal name: Oscar Insurance Company

State: Arkansas

HIOS Issuer ID: 15724

Market: Individual

Effective Date: January 1, 2022

COMPANY CONTACT INFORMATION

Primary Contact Name: Jessica Saulo

Primary Contact Telephone Number: (917) 915-8090
Primary Contact E-mail Address: jsaulo@hioscar.com

PROPOSED RATE CHANGES (REDACTED)

EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable. Oscar is a newly licensed commercial insurer in Arkansas. Therefore, the premium rates presented are 100% manually rated.

BENEFIT CATEGORIES

The benefit categories are based on the algorithm used by Milliman's HCGs. The HCG grouper uses a combination of Diagnosis-Related Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 codes), Healthcare Common Procedural Coding System codes (HCPCS), and revenue codes to allocate detailed claims into roughly 60 benefit categories. Service classification may also be dependent on criteria such as site of service, physician specialty and procedure code modifier (e.g., anesthesia modifier). The HCG grouper is updated annually to incorporate any new codes so the classification methodology remains current.

Manual utilization and cost data was assigned to benefit categories as shown in Worksheet 1, Section I of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

INPATIENT HOSPITAL

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

OUTPATIENT HOSPITAL

Includes non-capitated facility services for surgery, emergency room, laboratory, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

PROFESSIONAL

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

OTHER MEDICAL

Includes non-capitated ambulance, home health care, durable medical equipment (DME), prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

CAPITATION

Includes the amount for any services that are provided on a capitated basis.

PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

PROJECTION FACTORS (REDACTED)

MANUAL RATE ADJUSTMENTS (REDACTED)

CREDIBILITY OF EXPERIENCE

Not applicable. Oscar does not have experience in the base period to use in rate development; therefore, the 2022 rate development is based solely on manual rates.

ESTABLISHING THE INDEX RATE

As Oscar will be a new commercial health insurer in Arkansas in 2022, it has no claims experience. Therefore, it does not have an experience period index rate.

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The projected index rate reflects the projected 2022 mixture of area factors, mix of catastrophic/non-catastrophic enrollment and the projected mix of risk morbidity in the Arkansas individual market Single Risk Pool. Note that there are no additional benefits offered beyond the EHB benefits. The Projection Period Index Rate has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees.

The Projection Period Index Rate, shown in Table 2 below, is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims PMPM.

DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE (REDACTED)

PLAN ADJUSTED INDEX RATES (REDACTED)

CALIBRATION (REDACTED)

CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT (REDACTED)

PROJECTED LOSS RATIO

Oscar's projected loss ratio calculated consistently with the Medical Loss Ratio (MLR) methodology as prescribed by 45 CFR 158 is 92.1%. The following table demonstrates Oscar's premium development and MLR calculation using rounded values.

Table 12 Oscar Insurance Compa Projected Federal Loss Ratio	
	All Business
Projected Member Months	(REDACTED)
Paid Claims PMPM	\$443.23
Claim-Related Retention (QI/Health IT) PMPM	\$10.84
Transitional Recoveries (Received)	\$0.00
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
MLR Numerator	\$454.07
Premium PMPM	\$508.89
Premium-Related Retention (Taxes/Fees) PMPM	\$15.78
MLR Denominator	\$493.11
Projected Loss Ratio	92.1%

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the Part I URRT were based on the HHS Actuarial Value Calculator.

Copies of the Actuarial Value Calculator pages for all plans are provided as Attachment B to this memorandum.

Table 13 Oscar Insurance Company On and Off Exchange Actuarial Values											
Plan	Actuarial Value	Actuarial Value Source	Exchange Status								
Silver Classic Off-Ex	66.9%	Federal AV Calculator	Off Exchange								
Silver Classic- HSA	67.1%	Federal AV Calculator	Off Exchange								
Silver Elite- \$2000 Ded	70.1%	Federal AV Calculator	Off Exchange								
Bronze Classic- PCP Saver	63.5%	Federal AV Calculator	On/Off Exchange								
Bronze Elite- \$0 Ded+PCP Saver	64.3%	Federal AV Calculator	On/Off Exchange								
Silver Classic	66.9%	Federal AV Calculator	On/Off Exchange								
Silver Simple	66.6%	Federal AV Calculator	On/Off Exchange								
Secure	n/a*	n/a*	On/Off Exchange								
Gold Classic	77.4%	Federal AV Calculator	On/Off Exchange								
Bronze Simple- HSA	64.9%	Federal AV Calculator	On/Off Exchange								
Silver Simple- Specialist Saver	66.6%	Federal AV Calculator	On/Off Exchange								
Silver Elite	66.2%	Federal AV Calculator	On/Off Exchange								
Gold Classic- Low Ded	78.4%	Federal AV Calculator	On/Off Exchange								
Bronze Classic- \$0 PCP	64.3%	Federal AV Calculator	On/Off Exchange								
Bronze Classic- \$3000 Ded	65.0%	Federal AV Calculator	On/Off Exchange								
Bronze Classic- \$4700 Ded	64.8%	Federal AV Calculator	On/Off Exchange								
Silver Simple- PCP Saver	66.3%	Federal AV Calculator	On/Off Exchange								
Silver Elite- Specialist Saver	70.6%	Federal AV Calculator	On/Off Exchange								
Silver Classic- Low Ded	70.5%	Federal AV Calculator	On/Off Exchange								
Silver Elite- \$0 PCP	70.0%	Federal AV Calculator	On/Off Exchange								
Silver Simple- HSA	71.0%	Federal AV Calculator	On/Off Exchange								
Silver Elite- \$0 Ded	70.9%	Federal AV Calculator	On/Off Exchange								
Gold Simple	76.3%	Federal AV Calculator	On/Off Exchange								
Gold Classic- \$0 PCP	76.9%	Federal AV Calculator	On/Off Exchange								
Gold Elite- \$0 Ded	78.4%	Federal AV Calculator	On/Off Exchange								
Gold Elite	81.6%	Federal AV Calculator	On/Off Exchange								
Gold Classic- HSA	76.2%	Federal AV Calculator	On/Off Exchange								
Bronze Super Simple	61.6%	Federal AV Calculator	On/Off Exchange								
Bronze Elite	64.9%	Federal AV Calculator	On/Off Exchange								
Bronze Elite- \$0 Ded	64.3%	Federal AV Calculator	On/Off Exchange								
Silver Simple- For Diabetes	67.9%	Federal AV Calculator	On/Off Exchange								

^{*} This is a catastrophic plan and therefore does not have a metallic actuarial value by definition.

MEMBERSHIP PROJECTIONS (REDACTED)

TERMINATED PRODUCTS

Not applicable.

PLAN TYPE

There are no differences between Oscar plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the Part I URRT.

EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL) (REDACTED)

DATA RELIANCE AND CAVEATS

In performing this analysis, I relied on data and other information provided by Oscar Insurance Company I have not audited or verified this data and other information other than reviewing it for general reasonableness. If the underlying data or information is inaccurate, incomplete, or misleading, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

The claims costs suggested were developed from assumptions that have been established based on the available data and other information provided by Oscar Insurance Company. If more relevant data becomes available, the assumptions should be revised. A revision to these might change the results and possibly, the related conclusions. The claims costs provided are projected; actual experience will vary from projected.

This Actuarial Memorandum has been prepared by me on behalf of Oscar and provided to insurance regulators in the Arkansas Insurance Department (AID), and the Department of Health and Human Services for their internal use in accordance with established regulatory procedures.

Actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this memorandum. Any reader of this report must possess a substantial level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions used in the analysis, and the impact of the assumptions on the illustrated results.

ACTUARIAL CERTIFICATION

I, Lidia Asparouhova, am a Consulting Actuary with the firm of Milliman, Inc. Oscar Insurance Company engaged me to provide the opinion contained herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment:

- The projected index rate is:
 - o In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 147.102 and 156.80)
 - o Developed in compliance with the applicable Actuarial Standards of Practice, including but not limited to:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12. Risk Classification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - ASOP No. 41, Actuarial Communications
 - ASOP No. 42, Determining Health and Disability Liabilities other than Liabilities for Incurred Claims
 - ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
 - ASOP No. 50, Determining Actuarial Value and Minimum Value under the ACA
 - o Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2022 individual market though future regulatory changes may affect the extent to which the index rate is neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors shown in Worksheet 3 of the URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.

- The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
- The rates in this filing do not incorporate any EHB substitutions and, as such, the requirements of 45 CFR 156.115(b) are not applicable.
- The proposed premium rates are in compliance with applicable laws, rules and guidelines of the State of Arkansas.
- The proposed premium rates are not excessive, inadequate nor unfairly discriminatory and comply with applicable federal and state requirements.

The URRT does not demonstrate the process used by Oscar to develop the rates presented in this actuarial memorandum. Rather they represent information required by Federal and State regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the index rate is developed in accordance with Federal and State regulation and used consistently and only adjusted by the allowable modifiers.

The 2022 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the necessary 2022 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. Furthermore, due to the substantial uncertainty regarding the impact of the COVID-19 pandemic, we believe some of the assumptions related to the pandemic's financial impact may exhibit a substantially greater divergence from expectations.

Signed:

Title:

Consulting Actuary

Mamorel

Date:

June 18, 2021

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		CASSASSISSISSISSISSISSISSISSISSISSISSISSI	400000000000000000000000000000000000000		Ist	Tier Utilization:	20%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bution Amount.		2nd	Tier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				700						
		r 1 Plan Benefit D		d a		2 Plan Benefit I				
Ceductible (5)	Medical \$0.00	56,200.00	Combined	-	Medical \$0.00	56,200.00	Combined			
Coinsurance (%, Insurer's Cost Share)		50,200,00			50.00%	50.00%				
MOOP (5)	THE RESERVE THE PERSON NAMED IN	00.00		1		00.00				
MOOP if Separate (5)				4.						
		**					2/2			
Click Here for Important Instructions		T)	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	COCCERC (M.O. D.)	Subject to		Coinsurance, if	Copay, if	Copay applic	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	Z AI	≥ 41	1		₹ All	() All		0.000.000		Ai
Emergency Room Services				\$1,250.00 \$3,000.00	H	H		\$1,250,00 \$3,000,00		8
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				10000000		100		CONTRACTOR -		5 Page 1
X-raysi				\$35.00	100			\$35.00		
Specialist Visit	0			\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	1832	7.55		130.000	2500			- 9270500		
Services				\$125.00				\$125.00		
Imaging (CT/PET Scans, MRIs)				\$500.00				\$500.00		
Speech Therapy				\$125.00				\$125.00		
				\$125.00	The state of the s	100		\$125.00		
Occupational and Physical Therapy			100%	\$0.00	100	-	10000	50.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	0		100%	525.00	H	H	100%	550.00		
X rays and Diagnostic Imaging	- 5	ŏ		\$95.00				\$95.00	- 6	H
Skilled Nursing Facility		- 5		53,000.00				53,000.00		
	0				A					
Outpatient Facility Fee (e.g., Amburatory Surgery Center)	120			\$1,200.00	100			\$1,200.00		
Outpatient Surgery Physician/Surgical Services			_	\$350.00			1	\$350.00		
Drugs	≥ M	✓ VI	Co.		≥ All	∠ VI		35000-1500	□AI	- Al
Generics	- 8			\$3.00				530 00		
Preferred Brand Drugs	2			\$250.00				\$250.00		-
Non Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	2	₩			w				H	H
Options for Additional Benefit Design Limits:	-	•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:		O Ded+PCP Save					
Specialty fix Coinsurance Maximum:			Plan HIOS ID:	15724AR001000						
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	1572						
# Days (1-10):	2		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calcislate										
Status/Error Messages:	Expanded Bronz	e Standard (56%)	to 65%], Calculatio	in Successful.						
Actuarial Value:	64.31%									
Metal Tier:	Bronze									
	NOTE: Service s	pocific cost sharii	ng is applying tors	ervice(s) with h	ac/prot.compon	ents, overridin	g outpatient inpu	its for those sei	rvice(s).	
Additional Notes:										
Calculation Time:	0.0742 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	D 1		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 0	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?	₩.	O. Mario Principles Co.	bution Amount.		151	Tier Utilization:	20%			
Use Separate MOOP for Medical and Drug Spending?		-Annual Contr	Edition Amount.		2nd	Pier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Sover 💌			-						
		1 Plan Benefit D		4		2 Plan Benefit I				
Deductible (5)	Medical 57,000.00	Drug \$1,000.00	Combined	-	Medical \$7,000.00	51,000.00	Combined			
Coinsurance (%, Insurer's Cost Share)	50,00%	50 00%			50.00%	50.00%				
MDOP (S)	\$8,70					00.00				
MOOP if Separate (5)				4.						
ACCOUNT OF THE PROPERTY OF THE PARTY AND ACCOUNT OF THE PARTY AND ACCOU		7	7.0				Tr.			
Click Here for Important Instructions		Tie	er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applic	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	₹ Al	₹ Al	2	2000	₹ All	Ø.₩I		2		□ Al
Emergency Room Services	9			\$750.00	2	H		\$500.00	[2]	9
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Tipess (exc. Preventive, and				200811001				TANKE.	(5)	
X-rays)				\$30.00				530.00		
Specialist Visit	0			\$75.00				\$75.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	1112	13.0		10000000	2516				1.20	
Services	- 0			\$75.00	The state of			\$75.00		
Imaging (CT/PET Scans, MRIs)	Z			\$200.00				5200.00	E	2
Speech Therapy	2			\$75.00				\$75.00	•	
	7			\$75.00	100			575.00	[2]	121
Occupational and Physical Therapy			See See	-	1000		10000			
Freventive Care/Screening/Immunization			100%	\$0.00	H	B	100%	90.00	0	6
Laboratory Outpatient and Professional Services	- 2	8		\$10.00 \$75.00		H		\$30.00 \$75.00		
X rays and Diagnostic Imaging Skilled Nursing Facility	2	ă		\$500.00	2			\$300.00	2	
					3000				- 0000	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2			\$350.00	₩.			\$350.00		
Outpatient Surgery Physician/Surgical Services	2		47	\$150.00				\$150.00	2	
Drugs	≥ M	₹ Al	6		₩ All	✓ All			□AI	- Int
Generics				\$5.00				525.00		
Freterred Brand Drugs	0			\$100.00				\$100.00		
Non Preferred Brand Drugs	2			\$200.00				\$200.00	2	
Specialty Drugs (i.e. high-cost)	Z			\$350.00	V			5350.00	Ø	
Options for Additional Benefit Design Limits:	-		Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	П		Name: Plan HIOS ID:	15724AR00100	16-00					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	2		Issuer HIOS ID: AVC Version:	1572 2022_1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succe	ssful.								
9 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	66.16%									
	Silver	CONTRACTOR OF THE	0.41.00.20.40.00.00	0000002100020	15g2 2003253 41 N	new Justice de Persona		or and the second	3066275	
	NOTE: Service sp	ecitic cost sharir	ng is applying for:	cryloc(s) with h	ac/prot.compon	ents, overridin	g outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.1016 seconds									
Final 2022 AV Calculator	Wante Seconds									
The state of the s										

User Inputs for Plan Parameters		91			25	W-100				
Use Integrated Medical and Drug Deductible?	The second of th		HSA/HRA Options			red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 0	EMPEROR - 1	Network Plan?	COLUMN TO SERVICE STATE OF THE PARTY OF THE			
Apply Skilled Nursing Facility Copay per Day?	The Country of the Co	Annual Contri	bution Amount:		100000	Fier Utilization	2000000			
Use Separate MOOP for Medical and Drug Spending?		JERUS HEROSEN	SERVICE SERVICE		20d	lier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Dexired Metal Tier		1 Plan Benefit D	orton	16	- Vince	2 Plan Benefit	Dorton			
	Medical	Drug	Combined	- 1	Medical	Drug	Combined			
Deductible (5)	MCDICUI	- Circle	\$2,500.00	1	PERCUICA	Drug	\$2,500.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MDOP (S)			\$7,500.00				57,500.00			
MOOP if Separate (5)				-	j P					
AND THE PROPERTY OF THE PARTY AND ADDRESS OF T			70				36			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	100000000000000000000000000000000000000	Subject to		Coinsurance, if	Copay, if	Copay appli	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	☑AI	₹ Al		41144	₩ All	(A)		WWW.DAY	□AI	I AI
Emergency Room Services	9			\$650.00	8			5450.00	9	
All Inpatient Hospital Services (inc. MH/SUD)	- 2	U		\$500.00	-			5500.00	(5)	
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays)				\$75.00	CB			\$75.00		
Specialist Visit	0	0		\$25.00		1 6		\$25.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				323300	1000	B 118		323.00		100
Services				\$25.00				\$25.00		
Imaging (CT/PET Scans, MRIs)	Z			\$200.00	2	II GPG		5200.00	Ø	2
Speech Therapy		- 8		\$75.00				\$75.00		
Occupational and Physical Therapy		LJ		\$75.00	The second			575.00	П	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90.00		
Laboratory Outpatient and Professional Services				510.00				550.00		
X rays and Diagnost c Imaging	9			\$75.00				\$75.00		~
Skilled Nursing Facility	[5]			\$500.00				\$300.00		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2			\$350.00	(2)			\$350.00		E
Outpatient Surgery Physician/Surgical Services	0			\$150.00				5150.00	2	[2]
Drugs	⊇ M	₹ ∧1	6	3130.00	[-] All	[V]AII		243434	□AI	TIME
Generics				53.00				\$25.00		
Freterred Brand Drugs	- 6	-8-		\$100.00				\$100.00		
Non Preferred Brand Drugs	€	V								
Specialty Orugs (i.e. high-cost)	₩.	₩.			w					
Options for Additional Benefit Design Limits:	1110-	95	Plan Description	1:	Si					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite-Sp						
Specialty Rx Coinsurance Maximum:	Ð	+	Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	3		AVC Version:	1572 2022 1b	**					
Begin Primary Care Cost-Sharing After a Set Number of Visits?	No. of Contrast of	1	AVC VEISION.	2022_10						
# Visits (1-10);		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
	Calculation Succ	and the same of								
	70.99%	ession.								
	Silver									
		pecific cost sharin	g is applying for s	service(s) with to	ac/prot compon	ents, overridin	ig outpatient inpu	ts for those se	rvice(s).	
Additional Notes:									F10 - 500	
par om number 200 (0.00 (0.00)										
Calculation Time:	0.082 seconds									
Final 2022 AV Calculator	CO. 100 CO. 10									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Option	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		Annual Consul	bution Amount:		151	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Pittiniaar Contin	Editori Mittodiri.		2nd	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				13			1			
		r 1 Plan Benefit D		-		2 Plan Benefit				
Deductible (5)	Medical	Drug	\$3,500.00	-	Medical	Drug	\$3,500.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50,00%			
MOOP (S)			\$7,500.00				57,500,00			
MOOP if Separate (5)				-						
		A	70				36			
Click Here for Important Instructions		Tie	er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	100000000000000000000000000000000000000	Subject to	Subject to		Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	Ø.AI Ø		5	\$650,00	₹ All	0,00		9450.00		□ AI
Emergency Room Services All Impatient Hospital Services (inc. MH/SUD)	7	H		\$500.00	2			5500.00	[2]	12
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				700000		100		The state of the s	100	
X-raysi				\$0.00				30.00		
Specialist Visit	0			560.00				560.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	75.3	10.00		****	100			***	-	
Services				\$60.00				\$60.00		
Imaging (CT/PET Scans, MRIs)	2			\$200.00				\$200.00	V	
Speech Therapy				\$75.00				\$75.00		
				\$75.00	11			575.00		
Occupational and Physical Therapy			100%	\$0.00			100%	50.00	_	
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	0	0	10070	\$10.00	-	H	100%	580.00		
X rays and Diagnost climaging	2	- H		\$75.00	0			\$75.00		-
Skilled Nursing Facility	Z	ă		\$500.00	2			\$500.00	Ø.	2
	2			10000000	2			311151	Ø	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$350.00				\$350.00	1,500	
Outpatient Surgery Physician/Surgical Services	2		_	\$150.00	V		"	\$150.00	2	
Drugs	₽M	✓ AI			≥ nll	₩ All			□vi	- N
Generics		-8-		\$0.00				525.00		
Freterred Brand Drugs	2	<u></u>		\$100.00	2			\$100.00	2	2
Non Preterred Brand Drugs	2	<u>S</u>			E	V				H
Specialty Orugs (i.e. high-cost)	~	<u>×</u>	Man Description	_						
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?	П	7	Plan Description Name:	Silver Elite-SO	pro					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572						
# Days (1-10):	3		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output		100								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	70.00%									
Metal Tier:	Silver									
	NOTE: Service s	pocific cost sharin	ig is applying for:	service(s) with h	ac/prot.compon	ents, overridin	ig outpatient inpu	ts for those sei	vice(s).	
Additional Notes:										
Calculation Time:	0.0938 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount.		1st	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Pilling Conn	coton window.		2nd 3	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4.04 . 0	Z.00	19			B			
	Medical	1 Plan Benefit D	NAME OF TAXABLE PARTY.	-		2 Plan Benefit	Combined			
Deductible (5)	Medical	Drug	Combined \$0.00	-	Medical	Drug	50.00			
Coinsurance (%, Insurers Cost Share)			80,00%				80.00%			
MDOP (5)			\$8,000.00				58,000.00			
MOOP if Separate (S)										
AND			200			-	M.			W-20110
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applie	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	de duc	tible?
Emergency Room Services				\$500.00				\$500.00		
All Inpatient Hospital Services (inc. MH/SUD)		d		51,000.00	TO POS			51,000.00	n	H
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				100000	1000			National Contract of the Parket	1000	
X-rays)				\$0.00				30,00		
Specialist Visit				\$25.00				\$25.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		D		\$25.00				525.00		n
Services	1.00			323331	37.11	a 11/2		323.00	1000	
Imaging (CT/PET Scans, MRIs)	0			\$375.00				5375.00		90
Speech Therapy				\$25.00				\$25.00		
Construction of the state of the state of				\$25.00	T E			525.00		
Occupational and Physical Therapy Preventive Care/Screening/Immunization		100	100%	\$0.00	100	- 17	100%	50.00		
Laboratory Outpatient and Professional Services		0	10010	50.00				525.00		
X rays and Diagnost climaging	ō	Ö		\$75.00				\$75.00		
Skilled Nursing Facility				\$1,000.00				\$1,000.00		
Outpatient Facility Fee (e.g., Ambui atory Surgery Center)				\$500.00	A			5500.00		
	133			700000	5.72				1,000	
Outpatient Surgery Physician/Surgical Services				\$200.00				\$200.00		
Drugs	Ø∧I	₹			₩ All	V All		010-0100 B	- IAI	- Al
Generics Preferred Brand Drugs	000			\$3.00 \$50.00	R	B		\$10.00 \$50.00		-
Non-Preferred Brand Drugs				\$250.00				5250.00		H
Specialty Drugs (i.e. high-cost)	F	ñ		\$550.00				\$550.00	6	- A
Options for Additional Benefit Design Limits:	Times (Plan Description					,000,000		
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Gold Elite- 50 D	Ded					
Specialty fix Coinsurance Maximum:			Plan HIOS ID:	15724AR001000						
Set a Maximum Number of Days for Charging an IP Copay?	Ð		Issuer HIOS ID:	1572	4					
# Days (1-10):	3		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? # Copays (1-10):										
Output										
Calculate										
	Calculation Succ	essful.								
Actuarial Value:	78.44%									
Metal Tier:	Gold									
	NOTE: Service s	pecitic cost sharin	ig is applying for:	service(s) with to	ac/prot.compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0664 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Option	5	Tie	red Network O	ption			
Apply Impatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount:		lst'	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Pittiniaar Contin	Editori Mittodiri.		2nd?	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				18						
	Medical	r 1 Plan Benefit D	Combined	- 1		2 Plan Benefit	Combined			
Deductible (5)	Medical	Drug	\$2,000.00	-	Medical	Drug	\$2,000.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MDOP (S)			\$8,550.00				\$8,550.00			
MOOP if Separate (S)										
Manager Constitution and Clarest Street			200			-	ML			
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	100000000000000000000000000000000000000	Subject to	Subject to		Copay, if	Copay applic	
Medical	Deductible? ☑Al	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	TAL
Emergency Room Services			-	\$650.00				5650.00		
All Inpatient Hospital Services (inc. MH/SUD)	7			\$500.00				5500.00	P	7
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and					337				100	
X-rays)				\$25.00				\$25.00		
Specialist Visit				\$75.00				\$75.00		
Mental/dehavioral Health and Substance Use Disorder Outpatient		_		\$75.00		114		\$75.00		
Services				- 3700000	100	14 TO 18 1			A CONTRACTOR OF THE PARTY OF TH	
Imaging (CT/PET Scans, MRIs)	Z			\$100.00				\$100.00	Z	
Speech Therapy				\$50.00				\$50.00		
Occupational and Physical Therapy				\$50.00				\$50.00		
Preventive Care/Screening/Immunization			100%	\$0.00	1	100	100%	50.00		
Laboratory Outpatient and Professional Services		0	40910	510.00			1978	565.00		
X rays and Diagnostic Imaging	2	- 0		\$75.00				\$75.00	2	
Skilled Nursing Facility	2			\$500.00				\$500.00	Ø	2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2			\$250.00	E			\$250.00		(e)
								100000		
Outpatient Surgery Physician/Surgical Services	<u> </u>			\$100.00	₩ AII	[V]AII	-	\$100.00	2	
Drugs	Ø∧I	<u></u> ✓	100	63.00		O N		525.00		
Generics Preferred Brand Drugs	-8	-8-		\$3.00 \$100.00	H			\$100.00	- 6	H
Non Preferred Brand Drugs	2	₹		\$200.00		- 0		51107.00		-
Specialty Drugs (i.e. high-cost)	7	₩				V				
Options for Additional Benefit Design Limits:	III Cas	21-	Plan Description	n:	,					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite-\$2						
Specialty fix Coinsurance Maximum:		-	Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	5		AVC Version:	1572 2022 1b	-4					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits?	NAME OF TAXABLE PARTY.		AVE PEISION.	2022_10						
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	70.05%									
Metal Tier:	Silver									
	NOTE: Service s	pocitic cost sharin	ig is applying for:	service(s) with h	ac/prot.compon	ents, overridin	g outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0898 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽	1	HSA/HRA Option		I Tie	ered Network Or	etion			
Apply Inpatient Copay per Day?	0		over Contribution			Network Plan?	(P)			
Apply Skilled Nursing Facility Copay per Day?		TO WARRENS OF THE PARTY OF THE	2000 CO. (1000 C		- CONTRACTOR	Tier Utilization:	20%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount.		2nd	Tier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	F									
Desired Metal Tier	Franze 💌			_						
		r 1 Plan Benefit D				2 Plan Benefit C				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (5)		100000	\$7,500.00				\$7,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%	-			50.00%			
MOOP (\$)			58,700.00				\$8,700.00			
MOOP if Separate (5)					4	H	Ti Ti			
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, it different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduc	
Medical	☑ AI	₹A1	E .		✓ All	₩.			□AI □	[]Al
Emergency Room Services	7	₹			(w)	(*)				0
All Inpatient Hospital Services (inc. MH/SUD)	7	~			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$50.00	1	17		550 00		
X-rays)	1000			- Stereown	100			- 300000	25332	
Specialist Visit	Z			\$90.00				590 00	☑	
Mental/dehavioral Health and Substance Use Disorder Outpatient Services	2			\$90.00				590.00		
Imaging (CT/PET Scans, MRIs)	Z	₹		10.	₹.					
Speech Therapy	≥	₹								
COCKE COLORS		~			100	2				
Occupational and Physical Therapy		The same of the sa	anne.	0.00000	1		10000	-		
Preventive Care/Screening/Immunization	2		100%	\$0.00		8	100%	\$0.00	2	•
Laboratory Dutpatient and Professional Services X rays and Diagnostic Imaging	2			510.00	2			\$50.00		H
Skilled Nursing Facility	2	- Z			2	2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2			\$1,200.00		1 1		\$1,200.00	Ø	
				****				-	2	P
Outpatient Surgery Physician/Surgical Services Orugs	Ø∧I	₹M	1	\$350.00	₩ All	[VINI		\$350.00	DAL	TIME
Generics	0			53.00				530.00	0	
Freterred Brand Drugs	2			\$250.00	2	W W		\$290.00	Ø	P
Non Preferred Brand Drugs	2	₹		400000		7		- 2/5/2000		-
Specialty Drugs (i.e. high-cost)	7	₩								
Options for Additional Benefit Design Limits:		EE	Plan Description	n;	:1					
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Bronze Classic- 15724AR001000						
Set a Maximum Number of Days for Changing an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	15724 2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVE VEISION.	2022_10						
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays? # Copays (1-10):										
Output		1								
Calculate										
		e Standard (56% t	io 65%], Calculatio	on Successful.						
	63.49%									
	Bronze	th annual formation		*********		Tr. Francisco	(b)	termination and	and and all the second	1222
		sit specific cost st emiding outpatie			e settings. NO	re: Service spec	iric cost sharing	is applying fors	ervice(s) with fac	/ prot
Calculation Time:	0.0742 seconds									

Final 2022 AV Calculator

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Options	C	Tie	red Network O	ption			
Apply Inpatient Copay per Bay?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		O MENOR PLANSAN	bution Amount.		lst.	lier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	cution Amount.		2nd 7	lier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4 701		16	-					
	Medical	1 Plan Benefit D	Combined	-	Medical	2 Plan Benefit Drug	Combined			
Deductible (5)	Medical	Crug	\$5,750.00	-	Wieblical	Living	S5.750.00			
Coinsurance (%, Insurers Cost Share)			50,00%				50.00%			
MOOP (S)			\$8,700.00				58,700.00			
MOOP if Separate (5)				-						
Click Here for Important Instructions		Ti.	er 1		1		er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applic	NOTE 1200
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	deduc	
Medical	☑AI	 ZAI			₩ All				□AI	[]Al
Emergency Room Services	₹			\$750.00	2			\$750.00	•	
All Inpatient Hospital Services (inc. MH/SUD)	2	₹.			2	€				
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$35.00	100	100		\$35.00	П	
X-rays)	1000			- 437/35/2017	188				200	1 (99)
Specialist Visit	0			\$95.00				595.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	- 0			\$80.00		47		580.00		
Services	Ø	Ø			V			-		-
Imaging (CT/PET Scans, MRIs)				con ma	2000			FR0.00		10113
Speech Therapy				\$80.00				\$80.00		
Occupational and Physical Therapy				\$80.00	The Later of			580.00		
Preventive Care/Screening/Immunization			100%	\$0.00		10	100%	90.00		
Laboratory Outpatient and Professional Services		0	1000	\$10.00				550.00		
X rays and Diagnostic Imaging	-8			\$95,00				\$95.00		
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	₩.								0
Outpatient Surgery Physician/Surgical Services	2	2	-19							
Drugs	₽ M	₹A1			✓ All	✓ All			□AI	- A
Generics				\$3.00				525.00		
Freterred Brand Drugs	0 0 0			\$100.00				\$100,00		
Non Preferred Brand Drugs	2	ゼ								
Specialty Drugs (i.e., high-cost)	₹	₩.			V	V				
Options for Additional Benefit Design Limits:	14	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic	22.22					
Specialty fix Coinsurance Maximum:		-	Plan HIOS ID:	15724AR001000	77.77					
Set a Maximum Number of Days for Charging an IP Copav? # Days (1-10):	Ц		Issuer HIOS ID: AVC Version:	1572 2022_1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	66.91%									
Metal Tier:	Silver									
Additional Notes:										
Calculation Time:	0.0898 seconds									
Final 2022 AV Calculator	W0000 SECO 102									
a minima menena () a mental terreti										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network (
Apply Impatient Copay per Day?		HSA/HRA Employer Contribution?				Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount.			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		HAME TESTON	CONTRACTORS.		2nd	Pier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	property and the same of									
Dealed Wetal Her		1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (5)			\$4,200.00				\$4,200.00			
Coinsurance (%, Insurer's Cost Share)			50,00%	-	-		50.00%			
MOOP if Separate (5)			58,700.00		-		\$8,700.00			
MOOP it separate (3)										
Click Here for Important Instructions		Tie	er 1			- 1	Tier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if	Copay, if separate	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Copay applic	
Medical	≥ Al	₹AI	É		₹ All				□A1	□ Al
Emergency Room Services	₹	~			[w]					
All Inpatient Hospital Services (inc. MH/SUD)	7	7			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$25,00	10			\$25.00		
X-rays)	2				-	1 16			2	E .
Specialist Visit Mental/Jehavioral Health and Substance Use Disorder Outpatient		11.00		\$90.00		BUSE		\$90.00	161	100
Services				\$75.00				\$75.00		
Imaging (CT/PET Scans, MRIs)	2	₩			w					
Speech Therapy	2	₩.								
	7	3			100	[2]				
Occupational and Physical Therapy			50 000 a 1	7100-200			1,000			
Preventive Care/Screening/Immunization			100%	\$0.00	B	8	100%	50.00	-	174
Laboratory Outpatient and Professional Services X rays and Diagnostic Imaging		0		\$10.00 \$50.00				560.00 \$50.00		
Skilled Nursing Facility	2	7		SSUAAI		7		SHALIM		
					300				- 3330	
Outpatient Facility Fee (e.g., Amburatory Surgery Center)	₹	Ø								
Outpatient Surgery Physician/Surgical Services	2	2	-			2				
Drugs	⊇ M	✓ ∧1	4		₩ All	₹ All		27/47/75		
Generics Freterred Brand Drugs	9			\$3.00 \$60.00	2	H		520.00 560.00		- D
Non Preferred Brand Drugs	2	•		SOUAN	2	- 0		Start nay		H
Specialty Drugs (i.e., high-cost)	7	₹			2	V				- F
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		T	Name:	Silver Simple						
Specialty fix Coinsurance Maximum:		1	Plan HIOS ID:	15724AR001000						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	15724 2022_1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	0									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? # Copays (1-10):										
Output										
Calculate										
	Calculation Succ	essful.								
	66.64% Silver									
metal Her:	Sever									
Additional Notes:										
Calculation Time:	0.0703 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters	50.300		and the same of th		24	A STATE OF THE STA				
Use Integrated Medical and Drug Deductible?						Tiered Network Option				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered Network Plan?					
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:				1st Tier Utilization: 20%				
Use Separate MOOP for Medical and Drug Spending?		The state of the s	and the same	-	26d 7	lier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				19	-					
		Plan Benefit D		-		2 Plan Benefit				
Deductible (5)	Medical	Drug	55,750.00	-	Medical	Drug	\$5,750.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MODP (S)			\$8,700.00	-			\$8,700.00			
MOOP if Separate (5)			30,700.00				July Flore Day			
The second secon			7.				3			
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, it different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if	Copay, if separate	Copay applie deduc	
Medical	ØA1	₹ Al	different	separate	✓ All	(V) All	districts	separate	□AI □	IAL
Emergency Room Services	2			\$750.00	2			\$750.00	2	9
All Inpatient Hospital Services (inc. MH/SUD)	7	Ø		U. 30.00	2			With the same of t	П	
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				1505961D7				200530500		
X-raysi				\$35.00				\$35.00		
Specialist Visit	0			\$95.00				595.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				20000000	250.0					
Services	- 0			\$80.00				\$80.00		
Imaging (CT/PET Scans, MRIs)	Z	₩			[2]					
Speech Therapy				\$80.00				\$80.00		
				\$80.00				580.00		
Occupational and Physical Therapy		-		SMILL	The same of			25005 183	П	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90.00		
Laboratory Outpatient and Professional Services				510.00				550.00		
X rays and Diagnost c Imaging		0		\$95,00				\$95.00		
Skilled Nursing Facility	Z	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₽	₩.			₩.	W				
Outpatient Surgery Physician/Surgical Services	2	₹	- 12-	44						
Drugs	⊘ M	V 11	100		[→] All	[V] All			DAL	30.00
Generics				53.00				525.00		
Freterred Brand Drugs				\$100.00	1	ALCO TO SERVICE		\$100.00		
Non Preferred Brand Drugs	2	<u> </u>						- March 2000		
Specialty Drugs (i.e., high-cost)	₹	₩.			₩.					
Options for Additional Benefit Design Limits:	8 July 20		Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Silver Classic D 15724A800100						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572						
# Days (1-10);	S		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);	П									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output Calculate										
	Calculation Succes	ssful								
Actuarial Value:	66.91%									
Metal Tier:	Silver									
Additional Notes:										
SW CONTRACTOR	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	HSA/HRA Employer Contribution?				-	red Network O				
Apply Inpatient Copay per Day?					Tiered Network Plan? ☑					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		100000	Fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		PAULINGENING	Salati Alaka		2nd	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				3						
		1 Plan Benefit D		- 1		2 Plan Benefit I				
Deductible (5)	Medical	Drug	\$3,500,00	-	Medical	Drug	Combined \$3,500.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				\$3,500.00			
MODP (\$)		-	\$6,000.00	1		-	56,000.00			
MOOP if Separate (5)			30,000.00			1	Jojourn			
(1100) 11 30,000 (22)										
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical	 ZAI	ZAI			₹ All	(A)				□ Al
Emergency Room Services				\$650.00				5650.00		
All Inpatient Hospital Services (inc. MH/SUD)	2	7			2	€				
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$40.00	OF TO	100		540.00		
X-rays)				-3000000	The second second					1. 5(00)
Specialist Visit				\$40.00				540.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00				540.00		
Services	0	- 0		F137 00	- 6	1 16				
Imaging (CT/PET Scans, MRIs)				\$375.00	100000000000000000000000000000000000000			\$375.00 \$40.00		1000
Speech Therapy	0			\$40.00				0.00		
Occupational and Physical Therapy				\$40.00				\$40.00		
Preventive Care/Screening/Immunization		THE RESERVE TO SERVE	100%	\$0.00		-	100%	50.00		-
Laboratory Outpatient and Professional Services	0	ā	10010	510.00	-		200	550.00		
X rays and Diagnost c Imaging	- 5	- 5		\$75.00				\$75.00		
Skilled Nursing Facility	Z	7		914140	2	7		*1.4.44		
					1000				2.42	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	至	Z								
Outpatient Surgery Physician/Surgical Services	2	2			~	₩.				
Drugs	≥ M	₹ A1	(2)		✓ All	✓ All			□AI	- A:
Generics				\$3.00				520.00		
Preferred Brand Drugs				\$75.00				\$75.00		
Non Preferred Brand Drugs	2	₩.			~					
Specialty Drugs (i.e. high-cost)	₩.	₩			V	₹				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Gold Classic 15724AR00100	13-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	AVC Version:	2022_1b						
# Visits (1-10);	Secreta									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succ	exeful								
Actuarial Value:	77.37%									
Metal Tier:	Gold									
N/H 244										
Additional Notes:										
ex company respecting \$758										
Calculation Time:	0.082 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		CALL MANAGEMENT	bution Amount:		157	Tier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		-Himadi Commi	button Amount.		2nd 1	Fier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				134						
		r 1 Plan Benefit D		-		2 Plan Benefit				
Deductible (5)	Medical	Drug	S6,450.00	-	Medical	Drug	\$6,450.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50,00%			
MDOP (S)			\$8,700.00				58,700.00			
MOOP if Separate (5)				-						
MONTH OF THE PARTY							311			
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduct	
Medical	∑ Al	₹ Al	Ę.		₩ All	E All				□ Al
Emergency Room Services	9	Ø			8	2		-		8
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Tiness (exc. Preventive, and	2	(¥)		177 Carcumon 2		_			1.1	
X-raysi				\$40.00				540.00		
Specialist Visit				\$40.00		2 (200		540.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	1133	133		10000000	250					
Services	- 0			\$40.00				\$40.00		
Imaging (CT/PET Scans, MRIs)	2	₩		7.	2	₩.				
Speech Therapy	Z	₹								
	2	3			[9]	2				
Occupational and Physical Therapy		- Park	50 E 2 2 2 1 1	7100000	100	- 2	10000			
Freventive Care/Screening/Immunization			100%	\$0.00	H	8	100%	50.00	-	174
Laboratory Outpatient and Professional Services				510.00	-			565.00		8
X rays and Diagnostic Imaging Skilled Nursing Facility	2	2			2	2				
					1000				2.52	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	☑								
Outpatient Surgery Physician/Surgical Services	2	~			~					
Drugs	≥ M	₹ //			≥ All	₩ All			□ _M	- IN
Generics	- 0			\$3.00				525.00		
Freterred Brand Drugs	2			\$75,00				\$75.00	€	
Non Preferred Brand Drugs	2				V					
Specialty Drugs (i.e. high-cost)	Z	☑			2	₩.				
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	1572 2022_1b	4					
Beg in Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Suco	essful.								
PROPERTY CONTRACTOR OF THE PROPERTY CONTRACTOR O	66.63%									
Metal Tier:	Silver									
	NOTE: Office vis	sit specific cost sh	aring is applying	to x rays in offic	ce settings.					
Additional Notes:										
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?	- CONTRACTOR			
Apply Skilled Nursing Facility Copay per Day?		Angual Contri	bution Amount:		1000000	Fier Utilization	200000			
Use Separate MOOP for Medical and Drug Spending?		EAUTHORN SANDAY			2nd	lies Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Dexired Metal Tier		1 Plan Benefit D	artes.	13	¥5ee	2 Blow Bosoft	Dorton			
	Medical	Drug Drug	Combined	- 1	Medical	2 Plan Benefit Drug	Combined			
Deductible (5)	THE DIEGI	Di U	\$1,250.00	-	PF-C CHICCH	Drug	\$1,250.00			
Coinsurance (%, Insurer's Cost Share)			80,00%	4			80.00%			
MDOP (5)			\$7,000.00				\$7,000.00			
MOOP if Separate (5)										
Click Here for Important Instructions		Tie	er 1		1	T	er 2		Tier 1	Tier 2
400000000000000000000000000000000000000	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	as only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	⊠ AI	ZAI			✓ All	₹ AH			□AI	□ AI
Emergency Room Services	₹	~			2					0
All Inpatient Hospital Services (inc. MH/SUD)	2	7			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$20.00	TO TO			520.00		
X-rays)	1000				188					1. 10.00
Specialist Visit				\$50.00				550.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$50.00		4		\$50.00		
Services				533000.000		- 12		1000000	0.000	A CONTRACTOR OF THE PARTY OF TH
Imaging (CT/PET Scans, MRIs)	2	Œ.		***				-		
Speech Therapy				\$50.00				\$50.00		
Occupational and Physical Therapy				\$50.00	T. B			550.00		
Preventive Care/Screening/Immunization			100%	\$3.00	1	100	100%	50.00		
Laboratory Outpatient and Professional Services			40910	510.00				550.00		
X rays and Diagnostic Imaging		- 6		\$75.00				\$75.00		
Skilled Nursing Facility	2	₹.				2				
	2	Z			2					
Outpatient Facility Fee (e.g., Ambui atory Surgery Center)					1000					1000
Outpatient Surgery Physician/Surgical Services	2	2	-	_						
Drugs	Ø∧I		Marin Control		₩ All	V All		ON PARTY OF THE PA	□AI	- Ai
Generics	0000			\$3.00				520.00		9
Freterred Brand Drugs		- 5		\$75.00	R			\$75.00 \$250.00		-
Non Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	8	ä		\$250.00 \$550.00		Sec.		\$550.00	H	
Options for Additional Benefit Design Limits:			Man Provided					.5530300		
Set a Maximum on Specialty Rx Coinsurance Payments?	T1	1	Plan Description	Gold Classic- Lo	au Bad					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	15724A8001000						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	1572 2022 1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits?				_						
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1								
Copays?										
# Copays (1-10):	6	1								
Output Calculate										
	Calculation Succ	essful.								
Actuarial Value:	78.39%									
Metal Tier:	Gold									
Additional Notes:										
Calculation Time:	0.0859 seconds									
Final 2022 AV Calculator										

Separate Moderal and Orang Development Colors per Separate Separate Colors of Separate Separa	User Inputs for Plan Parameters										
Apply Statics Nursing Scaling Copan por Cory Description of the Statics of Copan por Cory Description of Copan por Copan				HSA/HRA Options	0	Tie	red Network O	ption			
Control of the Secretary Control of the Secr	Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 🗆	Tiered	Network Plan?				
The Separate Motification of Directors (American Control of Contro	Apply Skilled Nursing Facility Copay per Day?		Angual Control	bution Amount		100000		200000			
Designed Mate al Tire The 3 Plan Benefit Design Modical Ong Cembined Section Designed (S) Section Designed (S) Section Mode of Section (S) Section (200	Philippin Commit	arrant and and		2nd	fier Utilization	80%			
The 2 Files benefit Design Model Comparator (No. 19 Section 19 Sec		Participation (market participation)									
Medical Designation (N. Browner (N. Browne	Dexired Metal Tier		4 M	2000	18						
Defaultable (8) Coin surrance (R) in sources cost show of School (S) Septents (S) S					-		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner				
Coinsurance (N., Insurers Cost Shared (S) Subject to Subject to Subject to Celestrance, IT Copay, IT Subject to Celestrance, IT Copay, IT Subject to Consumers (S) Medical Medica	Paduetible (\$)	Medical	Lirug		+	Wiedital	Living	THE RESIDENCE OF THE PERSON NAMED IN			
NOOP (5) NOOP If Separate (5) Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2				Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10				11.14.10g/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C			
Time					1						
Subject to Consumeraci, if Coppy, if Subject to Coinsumeraci, if Coppy, if Cop	MOOP if Separate (5)				-						
Subject to Consumeraci, if Coppy, if Subject to Coinsumeraci, if Coppy, if Cop	- 1000 CO (CO CO C		A					71.			
Medical	Click Here for Important Instructions							00000		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	NOTES
Medical Med	Type of Benefit	ALCO CONTRACTOR		A CONTRACTOR OF STREET		1 0 0 0 0 1 1 1 5 0 C 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Victoria de la Constantina del Constantina de la Constantina del Constantina de la C		
### Emergency Moom Services	Mariesi			different	separate			different	separate		
All Impatitives throstical Services (Fine Med/SUD) Friendray Clave (Victor Toward an infjury or Illness) (exc. Preventiale, and											-
Finding Care Visit to Treat an injury or Illness (exc. Proventiew, and Special stripts Special stripts Special stripts Special stripts Services Services Services Special stripts Special stri						Contract of the Contract of th					
Special Status Facility For (e.g., Ambui atory Surgery Center) Outpatient Surgery Physical Thorapy Carefrida Ference Brand Drugs Non Preferred Brand Drugs Specially Status Facility For (e.g., Ambui atory Surgery Center) Outpatient Surgery Physical Thorapy Ference Brand Drugs So S					5880233				140000	-	1993
Membri / Schwindral Health and Substance Use Disorder Outpatient	10 This is a second of the sec	. 1773			\$0.00	10000			30,00	П	
Services	Specialist Visit	2	₹			2	•				
Services	Mental/Behavioral Health and Substance Use Disorder Outpatient	5	-			E1				П	
Speach Therapy Cocupational and Physical Therapy Fre-ventive Caref Screening/Immunication Librarion Coutpatient and Professional Services X rays and Dispnost emailing Coutpatient Facility Coutpatient Facility Fee (e.g., Amburatory Surgery Centary) Coutpatient Facility F	Services	8.52				2000				The second second	1000
Occupational and Physical Thorapy Preventive Care/Screening/Immunization	and the state of t					2000					10000
Occupational and Physical Thiorapy Preventive Caref Screening Humanization Laboratory Outpatient and Professional Services A rows and Disposate Limaging W	Speech Therapy								10		
Free centive Care / Screening/Immunication 100% \$0.00 \$0.00	Construction of the state of the state of	2	~			[26]	2				
Laboratory Dutpatient and Professional Services		100	191	1000	50.00	14		10095	som I		
Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambularory Surgery Center) Outpatient Facility Fee (e.g., Ambularory Surgery Center) Outpatient Surgery Physician/Surgical Services Outpatient Surgery Physician Surgery Su	The state of the s			10070				100%	100 Carrier 100		
Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambularory Surgery Center) Outpatient Facility Fee (e.g., Ambularory Surgery Center) Outpatient Surgery Physician/Surgicel Services Outpatient Surgicel Service Outpatient Surgicel Service Outpatient Surgicel Service Outpatient Surgicel Service Outpatient Surgicel Ser		5	7		VEDAM		100		910000		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Orugs Onugs					7		V				
Outpatient Surgery Physician/Surgical Services Drugs Drugs AN A		-	-							-	
Generice Gen	Outpatient Facility Fee (e.g., Amburatory Surgery Center)					1000				200	
Generics S3.00 S3.00 S3.00 S3.00 S3.00 S5.00.00 S5.00 S5.00.00 S5.00	Outpatient Surgery Physician/Surgical Services					100					Cont.
Freterred Brand Drugs Non Preterred Brand Drugs Special ty Drugs (J. e. high-cost) Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rix Coinsurance Payments? Set a Maximum Number of Days for Charging an IP Copav? Begin Primary Care Cost-Sharing After a Set Number of Usiss? H visit (J-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (I-10): Output Calculate Status/Error Messages: Actuarial Value: Begin Primary Care Deductions Standard (56% to 65%), Calculation Successful Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Dutput Calculate Status/Error Messages: Actuarial Value: Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defunding After a Set Number of Copays (I-10): Begin Primary Care Defundin	Drugs										
Non Preferred Brand Drugs Specialty Drugs Le, high-cost	Control Contro				The state of the s	33210					
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits: Set a Maximum on Specialty fix Coinsurance Payments? Specialty fix Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits (1-10): # Visits (1-10): # Copays? # Copays? # Copays (1-10): Output Calciulate Status/Error Messages: Expanded Brenze Standard (58% to 85%), Calculation Successful. Actuarial Value: Metal Tier: Brenze NOTE: Office visit specificost sharing is applying to x rays in office settings.	The state of the s	×			\$500.00				\$500.00		
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? Name: Bronze Classic-50 PCP Specialty fix Coinsurance Maximum: 15724A(0010021-00) 15724A(0010021-00) Set a Maximum Number of Days for Charging an IP Copay? Naver HIOS ID: 15724 Begin Primary Care Cost-Sharing After a Set Number of Visits? AVC Version: 2022_1b Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays? # Copays (1-10]: Output Calculate Status/Error Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Actuarial Value: Beginze Benze Benze NOTE: Office visit specific cost sharing is applying to x rays in office settings.						200	1 572				
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty fix Coinsurance Maximum: Plan HIOS ID: 15724AR0010021-00 Issuer HIOS ID: 15724AR0010021-00 Issuer HIOS ID: 15724AR0010021-00 Issuer HIOS ID: 15724AR0010021-00 Issuer HIOS ID: 15724 AVC Version: 2022_1b Begin Primary Care Cost-Sharing After a Set Number of Suits? Stopays? # Copays? # Copays? # Copays? # Copays (1-10]: Output Calculate Status/Brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Accural Value: Bronze Metal Tier: NOTE: Office visit specific cost sharing is applying to x rays in office settings.		4	₹			[4]	¥			- LJ	
Specialty fix Coinsurance Maximum: Set a Maximum Number of Days for Changing an IP Copary 4 Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? 4 Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?		F1	1			******					
Set a Maximum Number of Days for Charging an IP Copav? Issuer HIOS ID: 15724 # Days (1-10): AVC Version: 2022_1b Begin Primary Care Cost-Sharing After a Set Number of Visits? HVisits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? Ecopays (1-10): Output Calculate Status/Brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful Actuarial Value: Benze Metal Tier: NOTE: Office visit specific cost sharing is applying to x rays in office settings.		П									
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits (1-10): # Visits (1-10): # Copays? # Copays? # Copays (1-10): Output Calculate Status/Error Messages: Actuarial Value: Metal Tier: # Days (1-10): AVC Version: 2022_1b AVC Version: 2022_1b AVC Version: 2022_1b AVC Version: 2022_1b # AVC Version: 2022_1b		П	+								
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Output Status/Error Messages: Actuarial Value: Metal Tier: Bronze NOTE: Office visit specific cost sharing is applying to x rays in office settings.		ш.									
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? Copays?		П	1	AVE PETAION.	2022_30						
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10]: Output Status/brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Actuarial Value: Bedin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays? # Copays? # Copays (1-10]: Status/brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Bedin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays? # Copays? # Copays (1-10]: Output Calculate Status/brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Bedin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10]: Output Calculate Status/brror Messages: Expanded Brenze Standard (56% to 65%), Calculation Successful. Bedin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10]: Output Calculate Status/brror Messages: Bedin Primary Care Deductible (1-10): Description of Copays (1-10): De											
Output Calculate Status/Error Message's: Expanded Bronze Standard (56% to 65%), Calculation Successful. Actuarial Value: 64.30% Metal Tier: Bronze NOTE: Office visit specific cost sharing is applying to x rays in office settings.											
Output Calculate Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful. Actuarial Value: Bronze Metal Tier: NOTE: Office visit specific cost sharing is applying to x rays in office settings.	Copays?										
Calculate Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful. Actuarial Value: 64.30% Metal Tier: NOTE: Office visit specific cost sharing is applying to x rays in office settings.	# Copays (1-10):										
Status/Error Messages: Actuarial Value: B4.30% Metal Tier: Bronze NOTE: Office visit specific cost sharing is applying to x-rays in office settings.											
Actuarial Value: Metal Tier: Bronze NOTE: Office visit specific cost sharing is applying to x-rays in office settings.	Calculate										
Metal Tier: NOTE: Office visit specific cost sharing is applying to x rays in office settings.			e Standard (56% t	o 65%], Calculatio	in Successful.						
NOTE: Office visit specific cost sharing is applying to x rays in office settings.											
			2000002200000	and the second	zero marenero	05.000020000					
Additional Notes:		NOTE: Office vis	iit specific cost sh	aring is applying	to x rays in offic	ce settings.					
	Additional Notes:										
AV THE STATE OF TH	AV WWW.EST	2233									
Calculation Time: 0.0781 seconds		0.0781 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Option	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount.		1st	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Philliadi.Collist	batton windaw.		2nd 3	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	N									
Desired Metal Tier	Bronze 💌			74						
	Medical	r 1 Plan Benefit D	Combined	- 1		2 Plan Benefit	Combined			
Deductible (5)	megical	Drug	\$3,000.00	-	Medical	Drug	\$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MOOP (5)			\$8,700.00				\$8,700.00			
MOOP if Separate (5)										
ACCOUNT OF THE PARTY OF THE PAR							M			
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	100000000000000000000000000000000000000	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	de duct □Al	tible?
Medical Emergency Room Services	ØAI		Li.	51,500.00		()		\$1,500.00		
All Inpatient Hospital Services (inc. MH/SUD)	9	7		31,300.00				31,300.00	n	H
Primary Care Visit to Treat an injury or Iliness (exc. Preventive, and				2506398507	100			C# 100073		
X-rays)				\$70.00				\$70.00		
Specialist Visit	0			\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$125.00				\$125.00		
Services				\$123.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2123761		
Imaging (CT/PET Scans, MRIs)				\$500.00				\$500.00		90
Speech Therapy				\$125.00				\$125.00		
				\$125.00	T P			\$125.00		
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	50.00		
Laboratory Outpatient and Professional Services		0	100/70	525.00			1003	565.00		
X rays and Diagnostic Imaging	- Fi	ñ		\$95,00				\$95.00	ä	H
Skilled Nursing Facility	2	7				₹.	0.00			
	D			£1.000.00	A			\$1,000.00		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		2.0		\$1,000.00	100000			\$1,000.00	202	
Outpatient Surgery Physician/Surgical Services			_	\$300.00			- "	\$300.00		
Drugs	Ø∧I	✓ AI			≥ All	V AII		2-12-2-12	□vi	- Al
Generics	2			\$3.00		B		530 00		- 0
Preterred Brand Drugs Non-Preterred Brand Drugs	2	<u> </u>		\$250.00	E	- 7		\$250.00		H
Specialty Drugs (i.e. high-cost)	2	<u> </u>			E E					H
Options for Additional Benefit Design Limits:			Plan Description	3.	C.J					
Set a Maximum on Specialty Rx Coinsurance Payments?	П	7	Name:	Bronze Classic	- 53000 Ded					
Specialty fix Coinsurance Maximum:			Plan HIOS ID:	15724AR001000						
Set a Maximum Number of Days for Charging an IP Copav?		T .	Issuer HIOS ID:	1572	4					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);		4								
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays? # Copays (1-10):										
Output										
Calculate										
	Expanded Bronz	e Standard (56% t	o 65%], Calculatio	on Successful.						
	64.97%									
Metal Tier:	Bronze									
	NOTE: Service s	pocitic cost sharin	ig is applying for:	service(s) with h	ac/prot.compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
	0.082 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Option	es .	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		CASSISSION AND ADDRESS OF	bution Amount.		1st	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Himaar Contin	button Amount.		2nd	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	N									
Desired Metal Tier				12						
		1 Plan Benefit De		d i		2 Plan Benefit				
Productive 465	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (5) Coinsurance (%, Insurer's Cost Share)			\$4,700.00 50.00%				\$4,700.00 50.00%			
MOOP (S)			58,700.00				58,700.00			
MOOP if Separate (5)			30,700.00				July rock in			
ACCORDING TO A CONTROL OF THE CONTRO					_		•			
Click Here for Important Instructions		Tie	And Artist				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, in		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	
Secular d	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical Emergency Room Services	Ø	Z.	li .			(v)				
All Impatient Hospital Services (inc. MH/SUD)	9	7							П	H
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	-	123		VESTVAL DE				0.0000000	1.1	4 1000
X-raysi				\$70.00				\$70.00		
Specialist Visit	- 0			\$125.00				\$125.00		
Mental/dehavioral Health and Substance Use Disorder Outpatient		7.00		- CONT	3500			2000		
Services				\$70.00				\$70.00		
Imaging (CT/PET Scans, MRIs)	2	₹								
Speech Therapy				\$125.00				\$125.00		
				\$125.00				\$125.00		
Occupational and Physical Therapy				215,2100				21/2/181	ш	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	50.00	a const	
Laboratory Outpatient and Professional Services				525,00				570.00		
X rays and Diagnost c Imaging	2			\$50.00				\$50.00	2	
Skilled Nursing Facility	Z	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	Z								
Outpatient Surgery Physician/Surgical Services	2	2	-02							
Drugs	⊠ M	✓ ∧1			₩ All	[✓] All		4000000	IAI.	I JAK
Generics	- 0			\$3.00				530 00		
Freterred Brand Drugs	2			\$250.00				\$250.00	€	
Non Preferred Brand Drugs	2	ゼ						20000 2000 200		
Specialty Drugs (i.e. high-cost)	2	ゼ				₹				
Options for Additional Benefit Design Limits:			Plan Descriptio	n:						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Bronze Classic- 15724AR001000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572						
# Days (1-10):	-		AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);	piteria.									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output										
Calculate	emanado de esta	a Canada of Lucies -	STREET PARTY							
Status/Error Messages: Actuarial Value:	Expanded Bronz 64, 75%	e Standard (56% t	o es%), Calculati	on Successful.						
Actuanal Value: Metal Tier:	Bronze									
mean nen	DI CHEE									
Additional Notes:										
17 T T T T T T T T T T T T T T T T T T T	0.1016 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters		-gi			Dec					
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	100000000000000000000000000000000000000	Network Plan?	0.000			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		100000	Tier Utilization	200000			
Use Separate MOOP for Medical and Drug Spending?	-	THE STREET	STATE TO SECURE		2nd	Fier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Dexired Metal Tier		r 1 Plan Benefit D	erton.	18	¥500	2 Plan Benefit	Dorton			
	Medical	Drug	Combined	- 4	Medical	Drug	Combined			
Deductible (5)	THE RESIDENCE OF THE PERSON NAMED IN	- Circ	\$5,000.00	-	Wichical	DIOS	\$5,000,00			
Coinsurance (%, Insurer's Cost Share)	15 10 1		50,00%				60.00%			
MDOP (5)			58,375.00				\$8,375.00			
MOOP if Separate (5)										
PARTY CONTROL OF THE			VAN-				271			
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applic	
Medical	Deductible?	Coinsurance? ✓ Al	different	separate	Deductible?	Coinsurance?	different	separate	de duc	tible?
Emergency Room Services	E	V			[2]	·				
All Impatient Hospital Services (inc. MH/SUD)	F	7			2				П	
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				75000 mates?				79233300	100	1999
X-raysi				\$20.00				\$20.00		
Specialist Visit	2	₹			2					
Mental/Behavioral Health and Substance Use Disorder Outpatient	2	₹				1/2				199
Services	7.50					₩.				
Imaging (CT/PET Scans, MRIs)	2	₩		8	₹					
Speech Therapy	2	₹			~					
	7	~			[w]	2				
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00	10	- 10	107%	90.00		
Laboratory Outpatient and Professional Services			10076	510.00	9	ē	1005	50.00		
X rays and Diagnostic Imaging				330,00	5			-	ä	-
Skilled Nursing Facility	7	V			V	2				
									2.42	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	Z								
Outpatient Surgery Physician/Surgical Services	9	7			V	2				
Drugs	≥ M	✓ ∧1	9		₩ All	✓ All	<u> </u>		□AI	- Al:
Generics	2			\$3.00				520.00		9
Freterred Brand Drugs	2	2			0	0				-
Non Preterred Brand Drugs	2	<u>~</u>			2	2		1 19		H
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	-	×	Plan Description	-					ш	
Set a Maximum on Specialty Rx Coinsurance Payments?	П	7	Name:	silverSimple-	DCD Sauce					
Specialty fix Coinsurance Maximum:			Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	1572						
# Days (1-10);			AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	PACIFIC PACIFI									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		_								
Output										
Calculate	was recovered	core;								
Status/Error Messages: Actuarial Value:	Calculation Succ	esstut.								
Metal Tier:	Silver									
Included the control of the control		sit specific cost sh	aring is applying	to x rays in other	ne settines					
Additional Notes:	The state of the	aparameters of			8					
Charles and Habital										
Calculation Time:	0.0742 seconds									
Eleal 2023 AM Calculator	morar accounts									

User Inputs for Plan Parameters		-01	A SHEET AND AND ADDRESS OF THE PARTY OF THE		and the same		0.00			
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network (
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 🗆	in the second se	Network Plan	CO COLUMN TO THE REAL PROPERTY OF THE PARTY			
Apply Skilled Nursing Facility Copay per Day?		Angual Contri	bution Amount:		100000	Tier Utilization	E 2000/E			
Use Separate MOOP for Medical and Drug Spending?	- Company	THURSDAY SOUND	SCHOOL STATE		2nd	Ties Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Ren		r 1 Plan Benefit D	esion	18	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (5)		-	\$1,500.00	1			\$1,500.00			
Coinsurance (%, Insurer's Cost Share)		L	80,00%				60,00%			
MDOP (5)		,	58,000.00	1			\$8,000.00			
MOOP if Separate (S)										
Click Here for Important Instructions		Tie	er 1		1	1	Tier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		? different	separate	dedu	ctible?
Medical	☑ Al	Z AI			✓ All	(₹) AH			□AI	□ Al
Emergency Room Services	₹	~								
All Inpatient Hospital Services (inc. MH/SUD)	₹	₹			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				\$65,00	10	100		565.00		77
X-rays)	-							595.00		
Specialist Visit Mental/Jehavioral Health and Substance Use Disorder Outpatient				\$95.00	3000	E III		595.00		1 15
Services				\$95.00		10		\$95.00		
Imaging (CT/PET Scans, MRIs)	Z	₩			[P]					
Speech Therapy				\$95.00				595.00		
				\$95.00				595.00		
Occupational and Physical Therapy		- America						No.		3
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90.00		e 1944
Laboratory Outpatient and Professional Services	-8	8		510.00				580.00		8
X rays and Diagnostic Imaging	2	7		\$75.00				\$75.00		H
Skilled Nursing Facility					1000				2.45	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹								
Outpatient Surgery Physician/Surgical Services	2	2								
Drugs	⊇ M	₹ A1			✓ All	✓ All			□AI	□ Ali
Generics				\$3.00				525.00		
Freterred Brand Drugs	2			\$100.00				\$100.00		
Non Preferred Brand Drugs	2		50%				SON			8
Specialty Drugs (i.e. high-cost)	₹	☑	50%		V	₹	50%			
Options for Additional Benefit Design Limits:	TT.	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Silver Classic- 15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay?		+	Issuer HIOS ID:	1572						
# Days (1-10):			AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? # Copays (1-10):										
Output	8									
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	70,52%									
Metal Tier:	Silver									
Additional Notes:										
mention recal										
Calculation Time:	0.1094 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	8	Tie	red Network O	ption			
Apply Impatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount.		157	Tier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Pittitiadi Contin	cotton Attiouns.		2nd	Fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier			224.00	- 12	T 2275					
		r 1 Plan Benefit D	The state of the s			2 Plan Benefit				
Deductible (5)	Medical	Drug	Combined \$0.00	-	Medical	Drug	Combined \$0.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MOOP (S)			\$8,700.00	1			58,700.00			
MOOP if Separate (5)			30,700.00				July reaction			
							ii.			
Click Here for Important Instructions		Tie	er 1			Т	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	100000000000000000000000000000000000000	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance? ✓ Al	different	separate	Deductible?	Coinsurance?	different	separate	de duct	tible?
Medical	Ø.AI	₹	5			(v)				
Emergency Room Services All Impatient Hospital Services (inc. MH/SUD)		Ø			III TIS	e e			П	H
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				235,040,620,021		100		100000000	1000	- 333
X-rays)				\$40.00	CB			540.00		
Specialist Visit				\$100.00				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		7.00		1000000	223					199
Services				\$40.00				\$40.00		
Imaging (CT/PET Scans, MRIs)		₩								
Speech Therapy				\$100.00				\$100.00		
				\$100.00				\$100.00		
Occupational and Physical Therapy			F. OF 1871	-				3000		
Freventive Care/Screening/Immunization			100%	\$0.00			100%	50.00		
Laboratory Outpatient and Professional Services				510.00				550.00		
X rays and Diagnost c Imaging	9			\$95.00				\$95.00		
Skilled Nursing Facility		◙								
Outpatient Facility Fee (e.g., Amburatory Surgery Center)		2				E				
Outpatient Surgery Physician/Surgical Services		~								
Drugs	≥ M	₹ A1			₩ All	✓ All			□A!	: Al
Generics				\$3.00				530.00		
Freterred Brand Drugs	080	-8-		\$150.00				\$150.00		
Non Preferred Brand Drugs		₹								
Specialty Drugs (i.e., high-cost)		₩.				₩.				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Silver Elite- \$0 15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	1572 2022_1b	4					
Beg in Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output										
Calculate	461807 W14450 11451 11									
	Calculation Succ 70.94%	esstul:								
PROPERTY CONTRACTOR OF THE PROPERTY CONTRACTOR O	70.94% Silver									
		pocitic cost sharin	og is applying to:	enminn(e) with t	ac/pret company	ents querridie	goutestiant leave	ts the those so	nuinels)	
Additional Notes:	THE SHITTED S	peanis soor andin	P or alchedung int	action (a) with (a pro-compon	avernan	g an incore in pu	the character	11.00	
COMMISSION STATES.										
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters	90.356				200		0.000 -0			
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	THE RESERVE OF THE PERSON NAMED IN	Network Plan	0.000			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1000000	Tier Utilization	200000			
Use Separate MOOP for Medical and Drug Spending?		Hamilton Section	0.0000000000000000000000000000000000000		2nd	lier Utilization	n 80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	processor and processor									
Dealled Metal Der		1 Plan Benefit D	esien		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,000.00				\$2,000.00			
Coinsurance (%, Insurer's Cost Share)			50,90%	-			60.00%			
MOOP (\$)			\$6,550.00				\$6,550.00			
MOOP if Separate (S)			L							
Click Here for Important Instructions		Tie	er 1		1	1	Tier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, it	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance	? different	separate	deduc	
Medical	☑ Al	ZAI			₹ All	₩.				□ Al
Emergency Room Services	Z	~			V					
All Inpatient Hospital Services (inc. MH/SUD)	9	~			2	₽				
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays)				\$25.00		0		\$25.00		
X-rays) Specialist Visit		0		\$60.00				560.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		75337		10000000	2553					
Services				\$60.00				\$60.00		
Imaging (CT/PET Scans, MRIs)	Œ.	₩			E					
Speech Therapy	₹	₩.								
	2	2			101	[2]			П	
Occupational and Physical Therapy			0.000	-	100					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	50.00	-	1944
Laboratory Outpatient and Professional Services		-8		510.00	B			560.00		8
X rays and Diagnostic Imaging Skilled Nursing Facility	Z	- Z		\$75.00	7	7		\$75.00		
		-			1 1500	1 1 2		1	2.42	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹								
Outpatient Surgery Physician/Surgical Services	2	~	-17			€				
Drugs	≥ M	✓ ∧1			₩ All	✓ All			□AI	- Al-
Generics		-8-		\$3.00				520.00		
Freterred Brand Drugs	0		*******	\$75.00				\$75.00		
Non Preferred Brand Drugs	2	2	50%		E .		50%			B
Specialty Drugs (i.e. high-cost)	~	~	50%	_	[4]	Y	50%		Ш	
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?	T1		Plan Description							
Specialty Rx Coinsurance Payments:			Plan HIOS ID:	Gold Simple 15724AR001000	33-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572						
# Days (1-10):	W-200		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	COLUMN .									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10): Output										
Calculate	Calculation Succe	estt								
Status/Error Messages: Actuarial Value:	76.32%	351010								
Metal Tier:	Gold									
Actual Control of the										
Additional Notes:										
Westernaum - CRCCCCCCC										
Calculation Time:	0.0664 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Consul	bution Amount:		151	Tier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Himuar Const	button Ambunt.		2nd	lier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit D	erten.	1	¥500	2 Plan Benefit	Dorton			
	Medical	Drug Drug	Combined	-	Medical	Drug	Combined			
Deductible (5)		Drug	\$5,000.00	1	Pricultal	Drug	\$5,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MDOP (S)			\$6,750.00	1		-	56,750,00			
MOOP if Separate (5)				4.						
Click Here for Important Instructions	7		er 1		1		ier 2	1	Tier 1	Tier 2
CACA PERCHANING CHARLE I SCHOOLSONS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applic	NO 1917 TO 1917
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	DOMESTIC CONTROL OF THE PARTY O		separate	deduc	
Medical	₹AI	₹ A1	unterent	DE PRINCE	VAII	[Z AH	- SHILLIGHT	acpurate.	□AI □	TAL
Emergency Room Services	7	~			(v)	(e)				
All Inpatient Hospital Services (inc. MH/SUD)	(P)	~			(F)				П	
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and				75/880300				0.000		
X-rays)				\$0.00				50.00		1
Specialist Visit	0			\$50.00				550.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				100000000000000000000000000000000000000	3500			3000000		
Services	- 0			\$0.00				50,00		
Imaging (CT/PET Scans, MRIs)	Œ.	₩.			(a)					
Speech Therapy				\$50.00				\$50.00		
				\$50.00				550.00		
Occupational and Physical Therapy		-		241111				2001100	П	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90,00		
Laboratory Outpatient and Professional Services		- 8		\$0.00		9 P.		\$25.00		
X rays and Diagnostic Imaging				\$75.00				\$75.00		
Skilled Nursing Facility	2	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	₩.			2					
Outpatient Surgery Physician/Surgical Services	7	7		15						
Drugs Drugs	⊠ M	₹ Al			- All	PAI			DAI	I IAL
Generics	n			53.00				\$10.00		
Freterred Brand Drugs	- 5			\$50.00	-	W. CV		550.00		-
Non Preferred Brand Drugs	- E	F		\$250.00				5250.00		
Specialty Drugs (i.e. high-cost)	-	2		Qu.30.00	(V)			JACOB LOS	Ö	
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	Gold Classic- 3	משכים					
Specialty fix Coinsurance Maximum:			Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	1572						
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);	CACTER .									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	20000									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful								
	76,86%									
Metal Tier:	Gold									
Additional Notes:										
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽		HSA/HRA Option			red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	2 🗆	THE RESERVE OF THE PERSON NAMED IN	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Control	bution Amount.		151	Tier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		- Contract	patient seriodis.		2nd	Fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit D		1		2 Plan Benefit	Destas			
	Medical	Drug Drug	Combined	-	Medical	Drug	Combined			
Deductible (5)	Medical	Drug	\$500.00	1	Wiedital	Drug	\$500.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				/0.00%			
MDOP (5)			\$5,000.00				\$5,000.00			
MOOP if Separate (5)										
Click Here for Important Instructions		Tie	er 1		1	, T	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay appli	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate	deduc	
Medical	☑ AI	ZAI	2		₩ All	(~) (A)			□AI	□ Al
Emergency Room Services	V	~				(w)				0
All Inpatient Hospital Services (inc. MH/SUD)	7	~				₩.				
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	D	D		\$25.00				\$25.00	П	190
X-rays)	1717			323.00	1000000			525.00		
Specialist Visit				\$50.00				550.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	- 0			\$50.00				\$50.00		
Services	10.5			300,00	55.0					
Imaging (CT/PET Scans, MRIs)	Z	₩.								
Speech Therapy	2	₹								
	~	~			129					
Occupational and Physical Therapy			100%	\$0.00	B	- 19	100%	50.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	_ ~		10070	510.00	6		1005	525.00		
X rays and Diagnost clmaging	-8	-8-		\$75.00				\$75.00	ä	H
Skilled Nursing Facility	7	7		912300		-		213.00		
					1 1500				2.12	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	Z								
Outpatient Surgery Physician/Surgical Services	2	2	-27							
Drugs	₩.Al	✓ ∧1			₩ All	✓ All			□AI	- A
Generics				\$3.00				525.00		
Preferred Brand Drugs	0	- 5		\$75.00				\$75.00		
Non-Preferred Brand Drugs	2				✓					
Specialty Drugs (i.e. high-cost)	₩.	ゼ			V	2				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	Gold Elite	201200					
Specialty fix Coinsurance Maximum:		+	Plan HIOS ID:	15724AR001003						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	U.		Issuer HIOS ID: AVC Version:	1572 2022 1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10);		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10]:										
Output										
Calculate										
	Calculation Succ	essful.								
	B1.60%									
Metal Tier:	Gold									
Additional Notes:										
Auditional Notes:										
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator	waver seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	0.000			
Apply Skilled Nursing Facility Copay per Day?		Annual Consul	bution Amount:		157	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Senting Control	Lation Minodis.		2nd	fier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Table Control of the latest and the									
Desired Metal Tier				19						
	Medical	r 1 Plan Benefit D	Combined		Medical	2 Plan Benefit	Combined			
Deductible (5)	Medical	Drug	58,000,00	-	Medical	Drug	\$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MDDP (S)			\$8,700.00	1			58,700.00			
MOOP if Separate (5)				4.						
Law Martin Constitution Was Automated States of			70							
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	Ø.AI Ø				₹ All	(F) (A)		90 MAR 200	□AI	[]Al
Emergency Room Services	7	Ø		51,250.00	2	2		\$1,250,00		
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	- 2	(×)		W	-	<u> </u>		per espera		1
X-raysi	2			\$75.00	E			\$75.00		121
Specialist Visit	· ·	- 0		\$100.00		7 17 1		\$100.00	Ø	
Mental/dehavioral Health and Substance Use Disorder Outpatient	1 772	200		315,200,000				200000	7.00	100
Services	2			\$100.00	₩.			\$100.00		
Imaging (CT/PET Scans, MRIs)	2			\$500,00	2	1 500		5500.00	E E	2
Speech Therapy	2			\$95.00				\$95.00	2	
	PI.			\$95.00	120			595.00	2	121
Occupational and Physical Therapy	3.1			Second	100			200	15.1	-
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2			\$10.00	₽			550.00	2	2
X rays and Diagnostic Imaging	2			\$100.00	Ø			\$100,00	- E	2
Skilled Nursing Facility	Y	7								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹			\$1,200.00	₩.			\$1,200.00	☑	
Outpatient Surgery Physician/Surgical Services	2			\$350.00				\$350.00	Ø	D
Drugs	₽ M	✓ Al		-	✓ nii	✓ All			□AI	I M
Generics	0			\$3.00				530.00		
Freterred Brand Drugs	2	-		\$250.00				\$250.00	€	
Non Preferred Brand Drugs	€			\$500.00				\$500.00		
Specialty Drugs (i.e. high-cost)	₹	₩			W	₩.				
Options for Additional Benefit Design Limits:		-	Plan Description	Y:						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Bronze Super 5 15724AR001003						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	1572	4					
# Days (1-10):		+	AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	LI									
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copavs?										
# Copays (1-10):										
Output		100								
Calculate										
Status/Error Messages:	Expanded Bronz	e Standard (56% t	o 65%], Calculatio	on Successful.						
	61.57%									
Metal Tier:	Bronze									
	NOTE: Service s	pocitic cost sharin	ig is applying for:	service(s) with to	ac/prot.compon	ents, overridin	ig outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
	0.0281 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount.		151	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Hillian Collin	button Ambunt.		2nd 1	lier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				18						
	Medical	1 Plan Benefit D	The state of the s	-		2 Plan Benefit	-			
Deductible (5)	52,000.00	56,700.00	Combined	-	Medical \$2,000.00	56,700.00	Combined			
Coinsurance (%, Insurer's Cost Share)	50,00%	50 00%			50.00%	50.00%				
MDOP (S)		00.00		1		00.00				
MOOP if Separate (5)										
NOVEL CONTRACTOR OF THE PROPERTY OF THE PROPER		*					371			
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	⊠A1	₹ Al			₩ All			17/10/75/25/96/05		□AI
Emergency Room Services	9	Ø		\$1,250.00				\$1,250.00		
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	~	Y		SW - selection	-	<u> </u>				
X-raysi				\$50.00				\$50.00		
Specialist Visit	0			\$125.00				\$125.00		
Mental/dehavioral Health and Substance Use Disorder Outpatient				200	250			1000000	11.00	
Services				\$125.00				\$125.00		
Imaging (CT/PET Scans, MRIs)	0			\$500.00				\$500.00		
Speech Therapy				\$125.00				\$125.00		
				\$125.00	T.			\$125.00		
Occupational and Physical Therapy		-	000000					Daniel L		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90,00	-	1784
Laboratory Outpatient and Professional Services				525,00	8	R		550.00		8
X rays and Diagnost e Imaging	2	2		\$95.00	7			\$95.00		
Skilled Nursing Facility					3350			-	2.42	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$1,200.00				\$1,200.00		
Outpatient Surgery Physician/Surgical Services				\$350.00				\$350.00		
Drugs	≥ M	₹ A1	(A)		[₩] All	✓ All			□AI	- AE
Generics	00			\$3.00				530.00		
Freterred Brand Drugs				\$250.00				\$250.00		
Non Preferred Brand Drugs	2									
Specialty Drugs (i.e. high-cost)	Z	₹			V	V				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	Bronze Elite	2002					
Specialty Rx Coinsurance Maximum:	п	+	Plan HIOS ID:	15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			AVC Version:	1572 2022 1b						
Beg in Primary Care Cost-Sharing After a Set Number of Visits?		1	AVC VEISION.	2022_10						
#Visits (1-10):	1-1									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
		e Standard (56% t	o 65%], Calculatio	on Successful.						
Actuarial Value:	64.93%									
Metal Tier:	Bronze					22,000,000			area res	
	NOTE: Service s	pecific cost sharin	ig is applying for:	service(s) with h	ac/prot compon	ents, overridin	g outpatient inpu	is for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0938 seconds									
Eleal 2022 AV Calculator	W0338 SECO105									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		-	HSA/HRA Option	8	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		CARROLL STORY	bution Amount.		1st 1	fier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		-Himadi Contin	button Ambunt.		2nd 1	fier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	N									
Desired Metal Tier			70.00	-						
		r 1 Plan Benefit D				2 Plan Benefit				
Deductible (5)	Medical \$0.00	Drug \$6,700.00	Combined	-	Medical \$0.00	56,700.00	Combined			
Coinsurance (%, Insurer's Cost Share)	50,00%	50 00%			50.00%	50.00%				
MOOP (S)	-	00.00		1		00.00				
MOOP if Separate (5)	-				1					
							3/1			
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	1000	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	Z AI	₹ Al			₩ All	₩ All		W. 1070 W.		□AI
Emergency Room Services		Ø		51,250.00	R			\$1,250.00		H
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an injury or Tiness (exc. Preventive, and		(<u>*</u>)		2010-2010-002	1000	-		0.000000000	1.3	200
X-rays)				\$50.00	TO BE			\$50.00		
Specialist Visit				\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient		10.00		1000000	200					199
Services				\$125.00				\$125.00		
Imaging (CT/PET Scans, MRIs)				\$500.00				\$500.00		
Speech Therapy				\$125.00				\$125.00		
				\$125.00		100		\$125.00		
Occupational and Physical Therapy			(Many)		1000		10000	· December		
Preventive Care/Screening/Immunization		_	100%	\$0.00	H	B	100%	50,00 550,00	0 1	The
Laboratory Outpatient and Professional Services X rays and Diagnostic Imaging	-8-			525,00 595,00	H			595.00	- 1	H
Skilled Nursing Facility		7		STOAM		7		\$73.W		
				September 1	1000				2992	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$1,200.00				\$1,200.00		
Outpatient Surgery Physician/Surgical Services			47	\$350.00				\$350.00		
Drugs	≥ M	₹ A1	(e)		✓ All	✓ All			IAL.	- IN
Generics	-8			\$3.00				530 00		
Freterred Brand Drugs				\$250.00				\$250.00		
Non Preferred Brand Drugs	5 5	E .								
Specialty Drugs (i.e. high-cost)	2	₹			₩.	₹				
Options for Additional Benefit Design Limits:	TT	1	Plan Description		on-d					
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	ш		Name: Plan HIOS ID:	Bronze Elite- \$ 15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay?		+	Issuer HIOS ID:	1572						
# Days (1-10):			AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?				_						
# Visits (1-10);	pictar.									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		_								
Output										
Calculate		a canada a trasa	Section 201							
	Expanded Bronz 64,33%	e Standard (56% t	o coss), carculatio	on Successful.						
Metal Tier:	Bronze									
The said of Said		pocitic cost sharin	g is applying for	service(s) with to	ac/prot compon	ents, overridin	g outpatient inpu	ts for those ser	vicels).	
Additional Notes:			5 In B. G.						30150	
DOCUMENT DESCRIPTION OF THE PERSON OF T										
Calculation Time:	0.082 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters		-gi								
Use Integrated Medical and Drug Deductible?						red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	HO500000	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1000000	Tier Utilization	200000			
Use Separate MOOP for Medical and Drug Spending?	-	Phillips extent	SOUND TO SOUR		2nd	lier Otilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		a Disa Dan Pi	2.5.2			201	Destar 1			
	Medical	r 1 Plan Benefit D Drug	Combined	-	Medical	2 Plan Benefit Drug	Combined			
Deductible (5)	Medical	Drug	\$5,200.00	-	Wieblical	Drug	\$5,200.00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50.00%			
MOOP (S)			\$7,000.00	1			57,000.00			
MOOP if Separate (5)										
A CONTRACTOR OF THE CONTRACTOR										
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, it	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	₹AI	₹ A1			▼ All	₩.			□A1	□ Al
Emergency Room Services	9	₹			8			-		
All Impatient Hospital Services (inc. MH/SUD)	~	2		Manufacture and	₩.					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	E			\$50.00	E	600		\$50.00	V	2
X-rays) Specialist Visit	2	- 0		\$90.00	w	1 6		590.00		
Mental/dehavioral Health and Substance Use Disorder Outpatient	1772			100000000		0 110		590.00	1 1 1 1 1 1 1	100
Services	₹			\$90.00				590.00	P)	
Imaging (CT/PET Scans, MRIs)	2	₩			10			-		
Speech Therapy	2			\$90.00	e e			\$90.00	2	
	2			\$90.00	2			590.00	[2]	
Occupational and Physical Therapy	~	LJ		SMILINE				5901183	[8]	-
Preventive Care/Screening/Immunization			100%	\$0.00			100%	90.00		
Laboratory Outpatient and Professional Services	2			\$10.00	€	2 7		550.00	2	
X rays and Diagnost c Imaging	53					2				
Skilled Nursing Facility	[5]	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₩	☑			E2					0
Outpatient Surgery Physician/Surgical Services	7	~		35						
Drugs	⊇ M	₩.		10000	[-] All	PAI			□AI □	TAE
Generics	2			53.00	9			525.00	2	2
Freterred Brand Drugs	2			\$200.00		W. O. T.		\$200.00	•	
Non-Preferred Brand Drugs	2	•								
Specialty Drugs (i.e., high-cost)	₹	₩			w					
Options for Additional Benefit Design Limits:		26	Plan Description	n:	25					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Simple						
Specialty fix Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?	П	-	Plan HIOS ID: Issuer HIOS ID:	15724AR00100 1572						
# Days (1-10):			AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	1	POUL PETAION.	2022_30						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		23								
Calculate										
		e Standard (56% t	io 65%], Calculatio	on Successful.						
	64.94%									
	Bronze	12030000225000000	Charles to the Control		S. STEERS					
	NOTE: Office vis	sit specific cost sh	naring is applying	to x rays in offic	te settings.					
Additional Notes:										
30, 30, 32, 32, 31	WESTER IN									
Calculation Time:	0.0781 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	₽					red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount.		100000	fier Utilization				
Use Separate MOOP for Medical and Drug Spending?	and the same of th	TRUMBURSHIP !	STATE OF THE PROPERTY.		2nd	lier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit D	neton.		9500	2 Plan Benefit	Dorton			
	Medical	Drug	Combined	-	Medical	Drug Drug	Combined			
Deductible (5)	Medical	Drug	\$3,000.00	-	Pricultal	Urug	\$3,000.00			
Coinsurance (%, Insurers Cost Share)			50,00%				60.00%			
MOOP (5)			\$7,000.00				57,000.00			
MOOP if Separate (5)				_						
Click Here for Important Instructions		Tir	r1		1	T	ier 2		Tier 1	Tier 2
- Committee of the Comm	Subject to	Subject to	Coinsurance, it	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	
Type of Benefit	Deductible?	Coinsurance?	different	separate	The state of the s	Coinsurance?		separate	deduc	
Medical	ØAI	₹AI			₹ All	(F) All			□AI	□ Al
Emergency Room Services	7	~			(w)	~				
All Inpatient Hospital Services (inc. MH/SUD)	₩.	~			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	E			\$30.00	[2]	12		530.00	e e	
X-rays)	7/5			550,00	3350	1000		\$30.00	13000	2
Specialist Visit	2			\$75.00	~			\$75.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	2			\$75.00	2	114		\$75.00	P	
Services	3.50				350	4 1750				
Imaging (CT/PET Scans, MRIs)	2			\$100.00	₩.			\$100.00	E.	
Speech Therapy	2			\$75.00				\$75.00	7	
	2			\$75.00	(20)			575.00	2	
Occupational and Physical Therapy		Parel I	9022077	0.00000	100		1,000			
Preventive Care/Screening/Immunization	2		100%	\$0.00		B	100%	\$0.00	2	
Laboratory Outpatient and Professional Services	2			510.00	9			565.00		0
X rays and Diagnost e Imaging	2	2		\$75,00		9		\$75.00		
Skilled Nursing Facility					3377			+	17.72	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	=								
Outpatient Surgery Physician/Surgical Services	2	2	-27							
Drugs	≥ M	✓ ∧1			✓ All	✓ All			IAL	- Al
Generics	2			\$3.00	~			525.00	₹.	
Preferred Brand Drugs	2			\$100.00	₽			\$100.00	•	
Non-Preferred Brand Drugs	2	ゼ								
Specialty Drugs (i.e. high-cost)	€	₩.			₩.	₹				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Silver Classic-1 15724AR001003						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID: AVC Version:	1572 2022 1b	4					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2022_10						
# Visits (1-10);	Secretary .									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output Calculate										
	Calculation Succ	essful.								
	67.07%									
Metal Tier:	Silver									
Additional Notes:										
	0.0625 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible: Apply Inpatient Copay per Day			HSA/HRA Options		Tie	red Network C	ntion			
					119	A CHILL COLUMN TO A COLUMN TO	paren			
		Carrier and Carrie				Network Plan?				
Apply Skilled Nursing Facility Copay per Day						Tier Utilization				
Use Separate MOOP for Medical and Drug Spending		Hilling, Collins	parion Milioune.		2nd	lier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard										
Desired Metal Tie		r 1 Plan Benefit De	ocion	1	Tion	2 Plan Benefit	Design			
	Medical	Drug	Combined	d i	Medical	Drug	Combined			
Deductible (\$		1000	\$4,500.00				\$4,500,00			
Coinsurance (%, Insurer's Cost Share			100.00%				100,00%			
MOOP (\$			\$4,500.00				\$4,500.00			
MOOP if Separate (S										
Click Here for Important Instructions		Tie	-1		1	Т	er 2	1	Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	☑ Al	₹AI			₹ All	₩ AH		7 -0	□AI	IAI
Emergency Room Services	E	₹								
All Inpatient Hospital Services (inc. MH/SUD)	2	₹			2					
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	₩.	₩.			[P]	2			П	
X-rays) Specialist Visit	2	S		-	-					
Mental/Jehavioral Health and Substance Use Disorder Outpatient	177	-								335
Services	☑	₹								
Imaging (CT/PET Scans, MRIs)	2	₹			[F]					
Speech Therapy	2	v			P					
	2	3			121					
Occupational and Physical Therapy									- 1	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2				0 0					
X rays and Diagnost c Imaging	2	2				2				
Skilled Nursing Facility						_		-		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₩.	☑				E				0
Outpatient Surgery Physician/Surgical Services	2	~	97							
Drugs	≥ M	₹ 81			✓ nii	VI			□AI	-E-AE
Generics	2	2				₩.				
Preferred Brand Drugs	2	2								
Non-Preferred Brand Drugs	2									
Specialty Drugs (i.e. high-cost)	€	₩			V	V				
Options for Additional Benefit Design Limits:		7	Plan Description:		NAME OF THE PARTY					
Set a Maximum on Specialty Rx Coinsurance Payments:				Silver Simple-1						
Specialty fix Coinsurance Maximum		+	Plan HIOS ID: Issuer HIOS ID:	15724AR001002						
Set a Maximum Number of Days for Charging an IP Copavi # Days (1-10)				2022_1b	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits										
# Visits (1-10)	П	1								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays:										
# Copays (1-10)										
Output	**	8								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value: Metal Tier:	70.98% Silver									
metar tier.	siver									
Additional Notes:										
Calculation Time:	0.2031 seconds									
Final 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?					Tie	red Network C	ption			
Apply Inpatient Copay per Day?		4 14 14 14 14 14 14				Network Plani				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?					2cd	Tier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Dexired Metal Tier		r 1 Plan Benefit D	orina	18	Yiou	2 Plan Benefit	Doctor			
	Medical	Drug Drug	Combined	4	Medical	Drug	Combined			
Deductible (5)		100000	\$2,850,00	1	**********	0.000	\$2,850.00			
Coinsurance (%, Insurer's Cost Share)	1		90,00%				90,00%			
MDOP (\$)			\$5,500.00				\$5,500.00			
MOOP if Separate (5)										
Click Pere for Important Instructions		Tie	-1		1	-	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	NOTES AND ADDRESS OF THE PARTY
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	≥ Al	Z AI			✓ All	₽ AH			□A1	□ Al
Emergency Room Services	7	~			8	(e)				
All Inpatient Hospital Services (inc. MH/SUD)	₹	7			2	₩.				
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and	E	3			[e]					
X-rays)	7.6				3333					
Specialist Visit	2	☑				₩.				
Mental/Behavioral Health and Substance Use Disorder Outpatient	₹	~			V			- 1		T
Services	2	₩		-	[V]			-		A
Imaging (CT/PET Scans, MRIs)	2	<u>×</u>		/-	e e			-		0.000
Speech Therapy					-					
Occupational and Physical Therapy	Z	~			[9]	2				
Preventive Care/Screening/Immunization	100		100%	\$0.00			100%	50.00		
Laboratory Outpatient and Professional Services	2		100000	\$0.00	2	2		100000	2	
X rays and Diagnostic Imaging	2					2				
Skilled Nursing Facility	2	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	☑								
Outpatient Surgery Physician/Surgical Services	2	2								П
Drugs	⊘ M	✓ A1			PINI	[VIVII		-	□A!	3 IAS
Generics	2				9	7			0	
Preferred Brand Drugs	2	2								
Non-Preferred Brand Drugs	€	•			v					
Specialty Drugs (i.e. high-cost)	₩	3			(v)	w				
Options for Additional Benefit Design Limits:		26	Plan Description	:	24					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic- H	SA					
Specialty fix Coinsurance Maximum:	B.,		Plan HIOS ID:	15724AR001000	37-00					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	1572 2022 1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Ave version.	2022_10						
# Visits (1-10):	Section.	1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10): Output		_								
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	76,17%									
Metal Tier:	Gold									
Additional Notes:										
	n need .									
Calculation Time: Final 2022 AV Calculator	0.0664 seconds									
rinal 2022 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	5	Tie	red Network O	ption			
Apply Impatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	2			
Apply Skilled Nursing Facility Copay per Day?		Annual Const	bution Amount:		lst	Tier Utilization	20%			
Use Separate MOOP for Medical and Drug Spending?		Pittiniadi Contin	Lation Minodis.		2nd	Tier Utilization	80%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				13	_					
		r 1 Plan Benefit D		-		2 Plan Benefit I				
Deductible (5)	Medical	Drug	\$6,450.00	+	Medical	Drug	Combined \$6,450,00			
Coinsurance (%, Insurer's Cost Share)			50,00%				50,00%			
MOOP (S)			\$8,700.00	1		-	58,700.00			
MOOP if Separate (5)			July Guille				graph trace and			
					_		*11			
Click Here for Important Instructions			r 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay applie deduct	
Medical	₹AI	₹ Al	unitalities	or printer.	✓ All	(₹) All	- SHILLIGHT	Jepa de	□AI □	IAL
Emergency Room Services	7	~								
All Inpatient Hospital Services (inc. MH/SUD)	[7]	7							П	
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and		1100		/16690271		2		Cutilities 1		199
X-rays)				\$0.00				30,00		
Specialist Visit	0			\$40.00				540.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				50.00	228			50 m	-	199
Services				\$0.00				50,00		
Imaging (CT/PET Scans, MRIs)	Œ.	₩.								
Speech Therapy	2	~			U					
	7	~			[2]					
Occupational and Physical Therapy		- trans	6000-0	-						
Freventive Care/Screening/Immunization			100%	\$0.00			100%	50.00	-	17944
Laboratory Outpatient and Professional Services				510.00				565.00		8
X rays and Diagnost c Imaging	2	Ž			D D	2				
Skilled Nursing Facility	~	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	2	≥								
Outpatient Surgery Physician/Surgical Services	2	~								
Drugs	⊇ M	✓ ∧1			✓ All	₩ All			□AI	- INI
Generics				\$0.00				525.00		
Freterred Brand Drugs	2			\$75.00				\$75.00	•	
Non Preferred Brand Drugs	2	ゼ								
Specialty Drugs (i.e., high-cost)	₩	₩.			V	₩.				
Options for Additional Benefit Design Limits:		-	Plan Description	10						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Silver Simple- 15724AR00100						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	1572 2022 1b	4					
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	0		***************************************	2362_30						
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output										
Calculate	esta torrespond	ro								
	Calculation Succ	esstut.								
	67.91% Silver									
		sit specific cost sh	aring is applying	to virals in other	on settings					
Additional Notes:	HOLE, WHILE VE	ne aperine east of	munik in als he know	as a myster office	a armiga					
Additional NOICS.										
Calculation Time:	0.0742 seconds									
Final 2022 AV Calculator	WOLAN SECONO									
A STATE OF THE PARTY OF THE PAR										